

## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; and

I verily believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **Antisense Modulation of CD36L1 Expression** the specification of which:

(XX) is attached hereto.

( ) was filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to be material to the patentability of this application in accordance with 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a-d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of any application on which priority is claimed:

Country	Number	Date Filed	Priority Claimed	
			Yes	No
			Yes	No
			Yes	No

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to be material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status (pending, patented)

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below:

Provisional Application No.	Filing Date

Date of Deposit: 2/19/2001

## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; and

I verily believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **Antisense Modulation of CD36L1 Expression** the specification of which:

(XX) is attached hereto.

( ) was filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to be material to the patentability of this application in accordance with 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a-d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of any application on which priority is claimed:

Country	Number	Date Filed	Priority Claimed		
			Yes	No	
			Yes	No	
			Yes	No	

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to be material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status (pending, patented)

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below:


Provisional Application No.	Filing Date

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Herb Boswell, Registration No. 27,311; Laurel Spear Bernstein, Registration No. 37,280; Neil S. Bartfeld, Registration No. 39,901; April C. Logan, Registration No. 33,950; and Donna T. Ward, Registration No. 48,271 of Isis Pharmaceuticals, Inc.; and Jane Massey Licata, Registration No. 32,257, and Kathleen A. Tyrrell, Registration No. 38,350 of the firm of Licata and Tyrrell P.C., 66 East Main Street, Marlton NJ 08053.

Address all telephone calls and correspondence to:

Jane Massey Licata or Kathleen A. Tyrrell  
Licata and Tyrrell P.C.  
66 East Main Street  
Marlton NJ 08053  
(856) 810-1515

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Full Name: Kenneth W. Dobie	Inventor's Signature: 	Date: 12/16/01
	Residence: 703 Stratford Ct., #4 Del Mar California 92014	Citizenship: UK	
	Post Office Address:same as above		
2	Full Name:	Inventor's Signature:	Date:
	Residence:	Citizenship:	
	Post Office Address:same as above		
3	Full Name:	Inventor's Signature:	Date:
	Residence:	Citizenship:	
	Post Office Address: same as above		